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FACSIMILE COVER SHEET

DATE: January 12, 2005

TO: NAME: Examiner Valarie Bertoglio

COMPANY: USPTO, Art Unit 1632

FAX NUMBER: 571.273.8300 PHONE NUMBER: 571.272.0725

CITY: Alexandria, VA

FROM: NAME: J. Wendy Davis, Ph.D., Reg. No. 46,393

DIRECT DIAL NUMBER: 713.787.1512 USER ID: 4923

NUMBER OF PAGES, INCLUDING COVER: 18 CHARGE NUMBER: 13629.0002.NPUS00

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SUPPLEMENTAL MESSAGE:

RE: USSN 09/800,870
Dear Examiner Bertoglio,

As per our telephone conversation about 5 minutes ago, we are resending you the fax to the central fax No. 571-273-8300. As we discussed over the phone, the fax was initially sent to you at the fax No. 571-273-0725 yesterday, Jan 11, 2005. We are enclosing the facsimile message confirmation from yesterday's fax indicating that the transmission was successful along with the fax cover sheet from yesterday to prove that we filed the response after final on Jan 11, 2005.

Re-faxed is our response to the Final Office Action dated August 11, 2004 along with Transmittal Form, Request for Extension of Time and Change of Correspondence Address. Thank you.

Wendy Davis, Reg. No. 46,393
Howrey Simon Arnold & White
713-787-1512 (direct)

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

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10:16

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MESSAGE CONFIRMATION

01/11/05 18:54

ID=HSA&W HOUSTON 5TH FLOOR FAX

DATE	S,R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
01/11	05'30"	USPTO	CALLING	16	OK 0000



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CITY: Alexandria, VA

FROM: **NAME:** J. Wendy Davis, Ph.D., Reg. No. 46,393

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☒ ORIGINAL WILL NOT FOLLOW

SUPPLEMENTAL MESSAGE:

RE: USSN 09/800,870

Dear Examiner Bertoglio,

Attached is our response to the Final Office Action dated August 11, 2004 along with Transmittal Form, Request for Extension of Time and Change of Correspondence Address.

Please disregard the first transmittal sent earlier this evening, as we had inadvertently failed to sign the Certificates of Mailing. This second transmittal includes the signed Certificates of Mailing. Please accept our apologies for this oversight.

Thank you.

Wendy Davis
Reg. No. 46,393
Howrey Simon Arnold & White
713-787-1512 (direct)

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IF THERE ARE ANY QUESTIONS OR PROBLEMS WITH THE TRANSMISSION OF THIS FACSIMILE, PLEASE CALL 713.787.1520.

PTO/SB/21 (09-04)

Approved for use through 07/31/2008, OMB 0851-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/800,870	RECEIVED CENTRAL FAX CENTER JAN 12 2005
	Filing Date	March 7, 2001	
	First Named Inventor	Mary H. Romans	
	Art Unit	1632	
	Examiner Name	Valerie E. Bertoglio	
Total Number of Pages in This Submission	13	Attorney Docket Number	13629.0002.NPUS00

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Howrey Simon Arnold & White, LLP (Customer No. 23389)		
Signature	<i>J. Wendy Davis</i>		
Printed name	J. Wendy Davis, Ph.D.		
Date	1/11/05	Reg. No.	48,393

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Julie Clements</i> 01.11.2005		
Typed or printed name	Julie Clements	Date	1/11/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JAN 12 2005

CERTIFICATE OF FACSIMILE TRANSMISSION
37 C.F.R. 1.8

I hereby certify that this correspondence is being transmitted via facsimile to Examiner Valarie Bertoglio at Art Unit 1632 of U.S. Patent Office at 571-273-0725 on the date indicated below.

January 11, 2005

Date

 01.11.2005

Signature

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Mary H. Romans

Serial No.: 09/800,870

Filed: March 7, 2001

For: NON-TRAUMATIC MODEL FOR
NEUROGENIC PAIN

Group Art Unit: 1632

Examiner: Valarie E. Bertoglio

Atty. Dkt. No.: 13629.0002.NPUS00

AMENDMENTS AND REMARKS IN RESPONSE TO
FINAL OFFICE ACTION DATED AUGUST 11, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action dated August 11, 2004, Applicant submits the following amendments and remarks. Reconsideration of this application is respectfully requested.